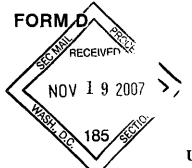
1419441



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:							
Estimated average	burden						
hours per response							

SE	SEC USE ONLY								
Prefix		Serial							
D	ATE RECEIV	ΈD							
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07083420
Number (Including Area Code)) 242-5996
Number (Including Area Code)
2 PROCESSE
NOV 2 8 2007
THOMSON 1ity CompanyANCIAL
17 CFR 230.501 et seq. or 15 U.S.C.
eemed filed with the U.S. Securities ived at that address after the date on
copies not manually signed must be
the issuer and offering, any changes and B. Part E and the Appendix need
ies in those states that have adopted ninistrator in each state where sales on, a fee in the proper amount shall ix to the notice constitutes a part of
onversely, failure to file the
ni on X

·	و مائيس ر	A. BASIC	IDENTIFICATION DATA		
2. Enter the information re-	quested for the fol	lowing:			
Each promoter of the transfer of the tran	he issuer, if the iss	suer has been organized	I within the past five years;		
 Each beneficial own 	ner having the pow	er to vote or dispose, or	direct the vote or dispositio	n of, 10% or more of	f a class of equity securities of the issuer.
 Each executive offi 	cer and director o	f corporate issuers and	of corporate general and m	anaging partners of	partnership issuers; and
 Each general and m 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)			<u>, ,,, </u>	
Hollander, Brian	ı L.				
Business or Residence Addres	ss (Number and	Street, City, State, Zip	Code)		
35 Juniper Road,	Bloomfiel	ld, CT 06002			
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it				· · · ·	
Girard, Gregory					
Business or Residence Addre 23 Bridge Street					
Check Box(es) that Apply:	Promoter	Beneficial Owner	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	r Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	er Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)	<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Officer	r 🔲 Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				***************************************
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		······		
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
	(Use bla	nk sheet, or copy and t	use additional copies of this	sheet, as necessary)

U1 → 1 √				Joseph Company	** : B. II	NFOŘMAT	ION ABOU	T OFFERI	NG ·	ing so ethic per decide in our	r	÷ .	
1 Ues	the in		on done th	- leave- 1-		11 to son o	aaraditad i	munatora im	this offer	m ~?		Yes	No E
l. Has	the is:	suci soiu	, or does in			n, to non-a Appendix						Ľ	配
2. Wha	at is th	e minim	um investm					_			ser	\$ N/	/A
***					20 2200	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,		an ent			Yes	No
3. Doe	s the c	offering p	permit joint	ownershi	p of a sing	le unit?	.,.,				••••••		K
com If a j or st	missio person tates, l	on or simi to be list ist the na	ilar remunei ted is an ass	ration for s ociated pe roker or de	solicitation rson or age caler. If mo	of purchasent of a broker ore than five	ers in conne cer or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering. with a state ons of such		
Full Nan N/A	ne (La:	st name i	first, if indi	vidual)									
Business	or Re	sidence.	Address (N	umber and	Street, C	ity, State, 2	(ip Code)						
Name of	Assoc	iated Br	oker or Dea	ıler			•						
States in	Which	h Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			· · ·			
(Ch	eck "A	all States	" or check	individual	States)	***************************************		••••••				☐ Al	l States
AL	7	[AK]	AZ	ĀR	CA	[<u>CO</u>]	CT	DE	DC	FL	GA	ΉΠ	[ID]
IL	=	[N]	ĬĀ	KS	KY	ĹĀ	ME	MD	MA	MI	MN	MS	MO
MT	=	NE	NV	NH	NJ	NM	NY	NC NC	ND	OH	OK.	OR	PA
RI	J	SC	SD	[TN]	TX	<u>ŪT</u>	VT	VA	WA	WV	WI	WY	PR
Full Nan	ne (I.a:	st name i	first, if indi	vidual)									
Business	or Re	esidence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)						
Name of	Assoc	iated Br	oker or Dea	iler			_						
States in	Which	h Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Ch	eck "A	II States	" or check	individual	States)	***************************************		*****************				☐ AI	l States
AL]	[AK]	AZ	AR	CA	CO	CT	DË	DC	FL	GA	Н	ID
IL		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI		NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	· 							UA	[HA]	****			
Full Nan	ne (La:	st name i	first, if indi	vidual)									
Business	or Re	esidence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)	·					
Name of	Assoc	iated Br	oker or Dea	ıler									
States in	Whiel	h Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		·-··				
(Ch	eck "A	II States	" or check	individual	States)	•		·····	••••••			☐ Al	l States
AL]	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
TU	_	IN (NIE)	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	_	NE SC	NV SD	NH) TN	NJ TX	NM UT	NY VT	VA	ND WA	OH WV	OK WI	OR WY	PA PR

C OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sum \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	ς		Amoi	ınt Already
	Type of Security Rights under a contract.	Offering Price		:	Sold
	Debt				
	Equity	\$	_ \$		
	Common Preferred				
	Convertible Securities (including warrants)	\$	_ \$		
	Partnership Interests	\$	_ \$		
	Other (Specify Contract Rights)	<u>\$1,000,00</u>	<u>0</u> s	1,0	000,000
	Total	\$ <u>1,000,00</u>	<u>Q</u> \$	1.0	000,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•		Δ	ggregate
		Number Investors		Dolla	ar Amount Purchases
	Accredited Investors	1	_	<u>s 1, </u>	000,000
	Non-accredited Investors	0	_	s	0
	Total (for filings under Rule 504 only)		_	S _	·
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	S E			
	Type of Offering	Type of Security			lar Amount Sold
	Rule 505	N/A	_	s	N/A
	Regulation A	N/A	_	S	N/A
	Rule 504	N/A	_	\$	N/A
	Total		_ :	<u>0.0</u>	00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.	•			
	Transfer Agent's Fees	[\$		
	Printing and Engraving Costs	[<u> </u>		
	Legal Fees	[_ s	36	,012
	Accounting Fees		_ s		
	Engineering Fees		_		
	Sales Commissions (specify finders' fees separately)	-	_ 		
	Other Expenses (identify)		_ _		
	Total		_ □ \$	36	,012
		-	_		

b. Enter the difference between the aggregate offering price given in response to and total expenses furnished in response to Part C — Question 4.a. This difference proceeds to the issuer " Legal fees shall not be paid out but are to be paid from other entity resources. Indicate below the amount of the adjusted gross proceed to the issuer used or preach of the purposes shown. If the amount for any purpose is not known, fur check the box to the left of the estimate. The total of the payments listed must equipose to the issuer set forth in response to Part C — Question 4.b above.	Part C — Question 1 is the "adjusted gross of offering price, oposed to be used for raish an estimate and	<u>\$ 1,000,00</u> 0
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		广 \$
Purchase of real estate	_ == == ==	_
Purchase, rental or leasing and installation of machinery and equipment	_	_
Construction or leasing of plant buildings and facilities	-	-
Acquisition of other businesses (including the value of securities involved in offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	this	
Repayment of indebtedness	<u>\$</u>	_ 🗆 \$
Working capital	\$	图\$ <u>1,000,00</u> 0
Other (specify):	🗆 \$	\$
Column Totals	\$ 0.00	⊠\$1,000,00 0
Total Payments Listed (column totals added)		1.000.000
SECURITION OF THE SECOND SECURITION OF THE PROPERTY SECOND	URE	是是對於
The issuer has duly caused this notice to be signed by the undersigned duly authorized signature constitutes an undertaking by the issuer to furnish to the U.S. Securities at the information furnished by the issuer to any non-accredited investor pursuant to	nd Exchange Commission, upon writt paragraph (b)(2) of Rule 502.	ule 505, the following en request of its staff,
Issuer (Print or Type) ESN, LLC Signature		er 12, 2007
Name of Signer (Print or Type) Brian L. Hollander Manager	'ype)	_

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

, ,	E. STATE SIGNATURE		•
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No &

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signatuje, 1 A	Date
ESN, LLC	Fille	November 12, 2007
Name (Print or Type)	Title (Print or Type)	
Brian L. Hollander	Manager	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of to non-accredited offering price Type of investor and investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes Investors Investors Amount Yes No State No Amount AL ΑK ΑZ AR CA CO Contract Rights \$1,000 CT X 1,000,000 1 X DE DC FL GA HI ID ILIN ΙA KS KY LA ME MD MA MI MN MS

2 1 3 4 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes Investors Investors Amount Yes No No Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RJ SC SD TN TX UT VT VA WA wv WI

ÁPPENDIX

1		2	3	3 4					lification		
	to non-a	Type of security and aggregate accredited offering price rs in State offered in state 3-Item 1) (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											

